



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**APPLICATION FOR TEMPORARY/FULL LICENSURE**

**RETURN TO: DIVISION OF PROFESSIONAL REGISTRATION**  
**STATE COMMITTEE OF INTERPRETERS**  
**P.O. BOX 1335**  
**JEFFERSON CITY, MO 65102-1335**  
TELEPHONE: 573/526-7787  
E-MAIL ADDRESS: [interpreters@pr.mo.gov](mailto:interpreters@pr.mo.gov)  
WEB: [pr.mo.gov/interpreters.asp](http://pr.mo.gov/interpreters.asp)

**INSTRUCTIONS**

PLEASE MARK THE APPROPRIATE BOX FOR THE TYPE OF LICENSURE THAT YOU ARE APPLYING FOR:

- ☐ TEMPORARY LICENSURE – SUBMIT COMPLETED APPLICATION AND \$25.00  
☐ FULL LICENSURE – SUBMIT COMPLETED APPLICATION AND \$75.00

- Please read this form before completing.
- This form must be typewritten or printed legibly in **BLACK INK**.
- The application must complete side 1 and 2 of the form. Omitted information will delay review of the application.
- Enclose the **application fee** made payable to the State Committee of Interpreters. Payment must be made in the form of a check or money order. Please do not send cash. **All fees are non-refundable.**

**SECTION I – APPLICANT INFORMATION**

1. NAME (LAST, FIRST, MIDDLE, SUFFIX)		2. MAIDEN (IF APPLICABLE)	
3. SOCIAL SECURITY NUMBER*		4. DATE OF BIRTH (MONTH/DAY/YEAR)	
5. STREET ADDRESS (IF PO BOX, PLEASE ALSO PROVIDE A STREET ADDRESS)	6. CITY	7. STATE	8. ZIP CODE
9. CURRENT PLACE OF EMPLOYMENT (IF APPLICABLE)		10. E-MAIL ADDRESS (PLEASE PRINT CLEARLY)	
11. EMPLOYMENT ADDRESS (IF APPLICABLE)	12. CITY	13. STATE	14. ZIP CODE
15. HOME TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE)		16. CELL NUMBER (PLEASE INCLUDE AREA CODE)	

**SECTION II – CERTIFICATIONS**

1. MISSOURI COMMISSION FOR THE DEAF AND HARD OF HEARING (MCDHH) CERTIFICATIONS	2. NATIONAL CERTIFICATIONS
<input type="checkbox"/> Novice Issue Date _____ Expiration Date _____ <input type="checkbox"/> Apprentice Issue Date _____ Expiration Date _____ <input type="checkbox"/> PCED Issue Date _____ Expiration Date _____ <input type="checkbox"/> RCED Issue Date _____ <input type="checkbox"/> K-6 <input type="checkbox"/> 7-12 <input type="checkbox"/> General <input type="checkbox"/> Basic Issue Date _____ <input type="checkbox"/> Advanced Issue Date _____ <input type="checkbox"/> Master Issue Date _____ <input type="checkbox"/> Other Issue Date _____ <input type="checkbox"/> MO BEI Basic Issue Date _____ <input type="checkbox"/> MO BEI Advanced Issue Date _____ <input type="checkbox"/> MO BEI Master Issue Date _____	<b>RID</b> <input type="checkbox"/> CSC Issue Date _____ Expiration Date _____ <input type="checkbox"/> CI/CT Issue Date _____ Expiration Date _____ <input checked="" type="checkbox"/> <b>CI (alone) – Not accepted in Missouri</b> <input checked="" type="checkbox"/> <b>CT (alone) – Not accepted in Missouri</b>
3. DO YOU HAVE A CURRENT LICENSE FROM ANY OTHER STATE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, indicate state(s) and provide a copy of your license(s).	<b>NAD</b> <input type="checkbox"/> NAD 3 Issue Date _____ Expiration Date _____ <input type="checkbox"/> NAD 4 Issue Date _____ Expiration Date _____ <input type="checkbox"/> NAD 5 Issue Date _____ Expiration Date _____
4. DO YOU HOLD CURRENT CERTIFICATION FROM ANY OTHER STATE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, indicate state(s) and provide a copy of your certification card(s).	<b>NAD/RID</b> <input type="checkbox"/> NIC Issue Date _____ Expiration Date _____ <input type="checkbox"/> NIC Issue Date _____ Expiration Date _____ Advanced <input type="checkbox"/> NIC Issue Date _____ Expiration Date _____ Master

**SECTION III – EDUCATION**

COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL	CITY	STATE	APPROXIMATE DATES ATTENDED FROM	TO	DEGREE OR CERTIFICATE AWARDED	MAJOR COURSE OF STUDY

**\*See enclosed Social Security Number Disclosure Notice. This form must be completed and returned with this application.**

**SECTION IV – APPLICANT INFORMATION PART II**

**AN APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS BY PLACING AN “X” OR CHECK MARK IN THE APPLICABLE BOX. IF ANY QUESTION IS ANSWERED “YES”, AN APPLICANT MUST PROVIDE AN EXPLANATION ON A SEPARATE SHEET OF PAPER AND INCLUDE IT WITH THE APPLICATION.**

1. Have you ever been issued a license, certification, registration or permit by any state, United States Territory, province or country? If yes, please list state, territory, province or country, type of license with license number, status of license, and your name as it appears on the license. ☐ YES ☐ NO
2. If you ever held or applied for a license, certification, registration, or permit for interpreting in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked or otherwise disciplined, curtailed or voluntarily surrendered under any circumstances? ☐ YES ☐ NO
3. Have you ever been found guilty, pleaded guilty, or received a suspended imposition of sentence in a criminal prosecution involving the laws of any state or the United States? ☐ YES ☐ NO
4. Have you ever been named as a defendant in a civil suit involving the practice of interpreting? ☐ YES ☐ NO
5. Are there any pending complaints against you before any regulatory board or agency in Missouri or any state? ☐ YES ☐ NO
6. Do you have a medical condition that in any way impairs or limits your ability to perform the duties of an interpreter with reasonable skill and safety? ☐ YES ☐ NO

**SECTION V – STATEMENT OF APPLICANT**

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as a interpreter in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit in consideration this application as required by the Missouri law governing the practice of interpreting and subject to the rules and regulations of the Missouri State Committee of Interpreters. I subscribe and agree to abide by all applicable laws and rules regarding the practice of interpreting. I hereby certify that I have familiarized myself with the interpreter law and applicable rules promulgated by the State Committee of Interpreters and Missouri Commission for the Deaf and Hard of Hearing.

I understand the application fee is not refundable and that the State Committee may require further information or evidence that it deems reasonable and proper in approving this application for licensure.

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

***False statements are subject to criminal penalties and/or license discipline.***

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).**

<b>DATE</b>	<b>APPLICANT'S SIGNATURE</b>		
NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		